

APPLICATION FOR EMPLOYMENT

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

Applicant Name (Please Give Complete Name)		Date:	This application to be active for a _____ period of days only.	
Present Address (Include City, State, Zip Code)		Are you at least 18 years old? <input type="radio"/> Yes <input type="radio"/> No	Social Security No.	Home Phone
Previous Address (If at present address less than 12 months)				
Current Open Position(s) for Which You Are Applying			Type of Position <input type="radio"/> Per Diem <input type="radio"/> Pool <input type="radio"/> Full Time <input type="radio"/> PRN <input type="radio"/> Part Time <input type="radio"/> Temp.	Shift <input type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Evening <input type="radio"/> Rotation <input type="radio"/> Weekend
1)	2)	3)		
Salary Requirement	Are You Willing to Travel? <input type="radio"/> Yes <input type="radio"/> No	Are you Willing to Relocate? <input type="radio"/> Yes <input type="radio"/> No	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? <input type="radio"/> Yes <input type="radio"/> No	
If overtime work is required periodically, does That pose a problem for you? <input type="radio"/> Yes <input type="radio"/> No		Date Available for work	Are you Legally Authorized to Work in the U.S.? <input type="radio"/> Yes <input type="radio"/> No	
Have you ever worked in a facility associated with HCA The Healthcare Company <input type="radio"/> Yes <input type="radio"/> No		If yes, what facility?		Are you related to another facility employee? <input type="radio"/> Yes <input type="radio"/> No
How did you hear about this position? <input type="radio"/> Ad <input type="radio"/> Internet <input type="radio"/> Agency <input type="radio"/> School <input type="radio"/> Job Listing <input type="radio"/> Job Line <input type="radio"/> Current Employee <input type="radio"/> State Employment Commission <input type="radio"/> Other _____		Are you able to perform the essential, job-related functions of the position for which you are applying with or without accommodations? <input type="radio"/> Yes <input type="radio"/> No Describe any accommodations necessary: Are you currently excluded from participation in any federally funded healthcare program – including Medicare and Medicaid – and are you aware of any potential exclusion from a federally funded health program? <input type="radio"/> Yes <input type="radio"/> No		
EDUCATIONAL HISTORY				
Type of School	Name of School City, State	Circle Last Year Attended in School	Degree or Certificate	
High School/GED		9 10 11 12		
		Graduated/GED? <input type="radio"/> Yes <input type="radio"/> No		
College		1 2 3 4		
		Graduated? <input type="radio"/> Yes <input type="radio"/> No		
College		1 2 3 4		
		Graduated? <input type="radio"/> Yes <input type="radio"/> No		
Graduate School		1 2 3 4		
		Graduated? <input type="radio"/> Yes <input type="radio"/> No		
Other		From (YR) To (YR)		
Other		From (YR) To (YR)		
List any professional licenses, registration or certification you possess (Include Drivers License, if applicable)		Clerical or other skills applicable to the position for which you are applying:		
Type	Date Received	State Issued	Expiration Date	Number
		<input type="radio"/> Typing (_____ wpm) <input type="radio"/> PBX		
		<input type="radio"/> Proficient in Software: _____		
		<input type="radio"/> Business machines and/or equipment you can operate: _____		
		<input type="radio"/> Other _____		

EMPLOYMENT HISTORY Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.						
Current or Most Recent	From MO YR MO YR	To YR	Company	Phone No. ()	Immediate Supervisor	
	Salary		Address	May we contact them? o Yes o No	Name while employed	
	Job Title			Other references with this employer		Reason for Leaving
	Nature of Duties					
1 st Previous	From MO YR MO YR	To YR	Company	Phone No. ()	Immediate Supervisor	
	Salary		Address	May we contact them? o Yes o No	Name while employed	
	Job Title			Reason for leaving		
	Nature of Duties					
2 nd Previous	From MO YR MO YR	To YR	Company	Phone No. ()	Immediate Supervisor	
	Salary		Address	May we contact them? o Yes o No	Name while employed	
	Job Title			Reason for leaving		
	Nature of Duties					
3 rd Previous	From MO YR MO YR	To YR	Company	Phone No. ()	Immediate Supervisor	
	Salary		Address	May we contact them? o Yes o No	Name while employed	
	Job Title			Reason for leaving		
	Nature of Duties					
PROFESSIONAL REFERENCES (Other than Relatives)						
Give references who have good knowledge of your work.						
Name		Position		Address (Include City/State)		Phone – Work/Home
1.						
2.						
Please Review And Sign Where Indicated. In making application for employment: <ul style="list-style-type: none"> I certified that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject immediate discharge without recourse. I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. 			<ul style="list-style-type: none"> I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MEARELY A GRATUITOUS STATEMENT OF FACILITY POLICIES. I understand that the facility reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment Compliance with this facility's Substance Abuse Policy is a condition of employment. This hospital requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with hospital policy. Continued employment is also contingent upon compliance with the hospital's Alcohol and Drug Abuse Policy 		<ul style="list-style-type: none"> I UNDERSTAND AND AGREE THAT IF I AM OFFEREC EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYEMNT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY. Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Register/ Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, facility appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.	
I have read and understand these condition of employment				Applicants Signature		Date prepared
Office Use only	o Referred to Department _____ o Not Qualified for Opening o Recommended Employment _____ o Hold for Future Opening Date _____ By _____ o References Checked					

BRIGHAM CITY COMMUNITY HOSPITAL
DISCLOSURE AND RELEASE

IN ORDER FOR YOUR APPLICATION TO BE PROCESSED THIS FORM MUST BE
READ AND SIGNED.

This is to inform you that as a part of our procedure for processing your employment application, or for otherwise determining your eligibility for a position with our hospital, a consumer report may be obtained for employment purposes. This inquiry may include information as to your character, general reputation, personal characteristics and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time to Yale Associates, Inc. 1150 Portion Road, Holtsville, New York 11742, or by phone (631) 732-4400, or by fax (631) 732-2194, for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

This is also to inform you that any employment offer will be contingent upon you passing a drug and alcohol screening test.

Employment related health testing and assessments will be maintained within the Employee Health Department only and will be used to validate eligibility and continued employment.

I authorize all corporations, companies, credit agencies, financial institutions, educational institutions, persons, law enforcement agencies, former employers and the military services to release all written and verbal information about me, including but not limited to criminal record history information, to Yale Associates, Inc. I release them from any liability and responsibility for doing so. I also authorize the procurement of a consumer credit report and understand that it may contain information about my background, mode of living, personal characteristics, character and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

Applicant Name: (Printed): _____

Applicant Name (Signature): _____

Date: _____

VOLUNTARY SELF-IDENTIFICATION DATA

The policy of Brigham City Community Hospital is to actively support equal employment opportunity. This questionnaire will allow us to assess our effectiveness as an equal opportunity employer and satisfy the government requirements to collect statistical data on our applicants. The data will be used only in accordance with federal regulations. Refusal to provide this data will not affect your employment opportunities at this facility. THIS INFORMATION IS VOLUNTARY AND WILL BE MAINTAINED SEPARATELY FROM YOUR EMPLOYMENT APPLICATION.

SEX ☐ Male ☐ Female DATE OF BIRTH _____

RACE/ETHNIC BACKGROUND ☐ White ☐ Black ☐ Hispanic ☐ Asian or Pacific Islands ☐ American Indian

REFERARAL SOURCE ☐ Job Service ☐ Employment Agency ☐ Media Ad ☐ BCCH Employee ☐ Walk In ☐ Other

POSITION APPLIED FOR _____

PRINT NAME _____ SOCIAL SECURITY NUMBER _____

SIGNATURE _____ DATE _____

HR-1026-1